

**ATTACHMENT D****VIRGINIA - HEALTH STATUS OUTCOMES AND QUALITY VARIABLES FOR CERTAIN DISEASE STATES**

Tables V-A through V-D contain all quarterly quality variable reporting requirements. Each variable must be included in the reports, and each report must be trended from the previous quarter. These variables and the levels to be achieved will be negotiated during the contract period.

Table V-D contains the quality variables and levels to be achieved for the entire population. These variables and levels to be achieved are non-negotiable

**Table VII-A**

<b>A. Clinical Outcome Measures for Coronary Artery Disease (CAD)</b>	
<b>Variables to be Measured</b>	
Percent of participants post-MI taking beta-blockers	
Percent of all participants taking an aspirin or antiplatelet drug	
Percent of participants with a CAD diagnosis who had fasting lipid panel assessed within the measurement year per ATP-III.	
Percent of participants with LDL screening performed on or between 60 and 365 days after discharge for an acute cardiovascular event.	
Percent of non-diabetic participants who had Fasting Blood Glucose assessed annually.	
Percent of all participants who received a flu vaccination within the last 12 months.	
Percent of all participants who have ever received a pneumococcal vaccine.	
Hospital admissions for MI within the measurement period	
Percent of all participants who had a depression screening	
Percent of participants with BP < 130/85.	

**Table VII-B**

<b>B. Clinical Outcome Measures for Congestive Heart Failure (CHF)</b>	
<b>Variables to be Measured</b>	
The percent of participants taking aspirin, other antiplatelet medication or anticoagulant	
Percent of all CHF participants who received a flu vaccination within the last 12 months	
Percent of all CHF participants who have ever received a pneumococcal vaccine.	
<b>Participant Education</b>	
Percent of CHF participants who comply with daily weights	
Percent of CHF participants who comply with sodium restriction	
Percent of CHF participants who comply with medication regimen	
Percent of CHF participants who have a rescue plan in place	
Percent of CHF participants readmitted to the hospital with a primary diagnosis of heart failure within 30 days of hospital discharge for heart failure	
Rate of emergency department visits with heart failure primary diagnosis or for pulmonary edema	
Rate of hospital admissions for CHF	
Percent of all CHF participants who had a depression screening	

Table VII-C

C. Clinical Outcome Measures for Diabetes	
Variables to be Measured	
Percent of diabetes participants with a cholesterol test in the past year	
Percent of diabetes participants with BP <130/80.	
Percent of participants with diabetes who had one dilated retinal exam in the measurement year.	
Percent of participants with diabetes who had one microalbumin screening test in the measurement year or receiving treatment for existing nephropathy	
Percent of participants with diabetes who had at least two A1C tests in the measurement year.	
Percent of all diabetes participants who received a flu vaccination within the last 12 months.	
Percent of all diabetes participants who have ever received a pneumococcal vaccine.	
Percent of all diabetes participants who had a depression screening.	

Table VII-D

D. Clinical Outcome Measures for Asthma	
Variables to be Measured	
Rate of hospital admissions for asthma	
Percent of all asthma participants who received a flu vaccination within the last 12 months.	
Percent of participants with spirometry testing within the past 12 months.	
Percent of asthma participants with an emergency department admission for asthma in the past 12 months.	
Percent of asthma participants with personal action plan for managing their asthma.	

RFP ATTACHMENT VIII – HEDIS® 2005 MEASURES (See note under #2 – HMC guarantees improvements in HEDIS scores but does not actually calculate the HEDIS scores)

HEDIS 2005 Measures	
Effectiveness of Care	
Controlling High Blood Pressure	
Beta-Blocker Treatment After a Heart Attack	
Persistence of Beta-Blocker Treatment After a Heart Attack	
Cholesterol Management After Acute Cardiovascular Event	
Comprehensive Diabetes Care	
Use of Appropriate Medications for People with Asthma	
Access/Availability of Care	
Adult's Access to Preventative/Ambulatory Health Services	
Satisfaction With the Experience of Care	
CAHPS® 3.0/4.0 or the most recent version of the Adult Survey	
Use of Service	
Inpatient Utilization – General Hospital/Acute Care	
Ambulatory Care	
Inpatient Utilization – Nonacute Care	
Outpatient Drug Utilization	

Definitions	HEDIS Measurement	HMC Measurement	Differences
<b>Controlling High Blood Pressure *</b>	<p>The percentage of members age 46-85 years who had a diagnosis of HTN and whose blood pressure was adequately controlled (systolic BP <math>\leq</math> 140 mm HG and diastolic BP <math>\leq</math> 90 mm HG).</p> <p>CAD: &lt;=140/90 CHF: &lt;=130/85 DIA: &lt;=130/80</p>	<p>The percentage of eligible members age 18 and over identified with CAD, CHF, or Diabetes, under high intensity management, with 2 nurse assessments and whose blood pressure was adequately controlled. See below for condition-specific measurements defining blood pressure control. Please note these measurements are self-reported.</p> <p>CAD: &lt;=140/90 CHF: &lt;=130/85 DIA: &lt;=130/80</p>	<p>Age Range: Those identified with HTN(HEDIS) vs. those identified with CAD,CHF,DIA (HMC); Measurement period: HMC measure shows those with an improvement in blood pressure from first to last measure vs. HEDIS shows all who have at least one measure that is under control. Chart review is required.</p>
<b>Beta Blockers *</b>	<p>The percentage of members age 35 years and older during the measurement year who were hospitalized and discharged alive from January 1 through December 24 of the measurement year with a diagnosis of acute measurement year myocardial infarction (AMI) and who received an ambulatory prescription for beta blockers upon discharge (filled within 7 days).</p> <p>(Slight change in exclusions-CHF, LVD and Diabetes removed).</p>	<p>The percentage of eligible members age 18 and over with a diagnosis of acute myocardial infarction (AMI) and identified with CAD, CHF and Diabetes and have at least 1 pharmacy (Rx) claim for a beta blocker during the measurement year.</p>	<p>Age Range: Those identified with AMI(HEDIS) vs. those identified with CAD(CHF,DIA (HMC); Measurement period: period of time for beta blocker administration. Chart review is required.</p>
<b>Cholesterol Screening after Acute Cardiovascular Event</b>	<p>Percentage of members 18-75 years of age as of Dec 31 of measurement year who were discharged alive in year prior to measurement year for AMI, CABG, or PTCA and had evidence of an LDL-C screening.</p>	<p>Percentage of eligible members over age 18 identified with CAD who had claims evidence of an LDL-C screening during the measurement year.</p>	<p>Age, Those identified with AMI/etc and post-discharge(HEDIS) vs. those identified with CAD(HMC); Measurement period: HMC measure shows those with an improvement in LDL from first to last measure vs. HEDIS shows all who have at least one measure that is under control. Chart review is required.</p>
<b>Cholesterol Screening after Acute Cardiovascular Event</b>	<p>LDL-C &lt; 130mg-dL on or between 60 and 365 days following discharge</p>	<p>LDL-C &lt;100mg-dL on or between 60 and 365 days following discharge (<i>new measurement!</i>)</p>	

<b>Diabetes HbA1C Testing/Control</b>	Diabetics, age 18-75 years, continuously enrolled in the reporting year who had one or more HbA1c tests during the reporting year.	Percentage of eligible members identified with DIA who have claims evidence of one or more HbA1c tests during the measurement year (metrics will be broken out by adults and pediatrics).	Age Range: Those identified with AMI, may use different criteria for defining DIA; Measurement period: HMC shows those with an improvement in A1C from first to last measure vs. HEDIS shows all who have at least one measure that is under control. Chart review is required.
<b>Diabetes HbA1c Testing/Control</b> <i>(Lowered level from 9.5 to 9.0)</i>	and those whose most recent HbA1c was > 9.0 mg/dL (poor control)	The percentage of managed high intensity members age 18 and over, identified with DIA and with two nurse assessments, who reported HbA1c < 9.	
<b>Diabetic Eye Exam</b>			
<b>Diabetic Eye Exam</b>	Diabetics, age 18-75 years, continuously enrolled in the reporting year who had an eye exam in the measurement year or a negative eye exam in the year prior to measurement year if they are not on insulin and the most recent HbA1c <8.0 (required all criteria be met to count eye exam performed in year prior to measurement year).	Percentage of eligible members age 18 and over, identified with DIA, who had claims evidence of a retinal eye exam during the measurement year.	Age range: may use different criteria for defining DIA; Measurement period: HMC does not look at insulin or A1C values. Chart review is required.
<b>Diabetes Lipid Profile/Control</b>			
<b>Diabetes Lipid Profile/Control</b>	Diabetics, age 18-75 years, continuously enrolled during the measurement year and who had a lipid profile during the measurement year or the year prior to measurement year, and whose most recent LDL-C was less than 130mg/dL	Percentage of eligible members age 18 and over, identified with DIA, who had claims evidence of an LDL-C screening during the measurement year.	Age Range: may use different criteria for defining DIA; Measurement period: HMC measure shows those with an improvement in LDL from first to last measure vs. HEDIS shows all who have at least one measure that is under control. Chart review is required.

<b>Monitoring Diabetic Nephropathy</b>	Diabetics, age 18-75 years, who were continuously enrolled in the reporting year who were screened for microalbuminuria, or for members who already had evidence of nephropathy had evidence of medical attention for nephropathy or had a positive macroalbuminuria test during the measurement year (changed requirement to testing must be in measurement year).	Age Range; may use different criteria for defining DIA. Measurement period: HMC looks at microalbumin testing only, not those with evidence of nephropathy. Chart review is required.
<b>Monitoring Diabetic Nephropathy</b>		
<b>Asthma Meds *</b>	Percentage of members 5-56 years of age with 4 asthma medication dispensing events or 4 outpatient visits and 2 medication dispensing events or 1 emergency room visit or 1 inpatient admit with principal diagnosis ICD-9 493 who had at least 1 dispensed medication for inhaled corticosteroids or nedocromil or cromolyn sodium, or leukotriene modifiers, or methylxanthines during the measurement year.	Age Range; may use different criteria for defining AST. Measurement period: HMC looks at persistent asthma via Rx claims count, not dispensing events.